CHECK HERE IF ADDIT							AMEN	
	IONAL PAGE	S ARE ATTAC	CHED					
1. CONTRACTOR'S NAME						2. FEDERAL I.D. NUMBER		
COUNTY OF	•				•			
AGENCY TRANSMITTING AGREEMENT			4. DIVISION, BUREAU, OR OTHER			UNIT	5.	AGENCY BILLING CODE
BOARD OF CORRECTIONS			Corrections Planning & P			_		3115
6. NAME AND TELEPHONE NUM. Field Representative/Co		RACT ANALYST	FOR QUES	STIONS REG	ARDING THIS A	AGREEMEN	Т	
7. HAS YOUR AGENCY CONTRAC	CTED FOR THE	SE SERVICES BI	EFORE?					
ـــا السا		ter prior contracto	or	********************	M. 200			
	name and Agre	ement Number)						
8. BRIEF DESCRIPTION OF SERVI	ICES - LIMIT 72	CHARACTERS	NCLUDIN	G PUNCTUA	ATION AND SPA	CES		
N/A								
9. AGREEMENT OUTLINE (Include	de reason for Agr	eement: Identify s	pecific prob	olem, adminis	trative requireme	nt, program i	need or	other circumstances making
the Agreement necessary; include s	pecial or unusua.	l terms and conditi	ons.)					
10 DANGENT TEDAKS (A.C., d.								
10. PAYMENT TERMS (More than a MONTHLY FLAT RATE	one may appiy.) 🏿	QUARTERLY	7	П	ONE -TIME PA	YMENT	Ø	PROGRESS PAYMENT
-	_	-		_			. —	
☐ ITEMIZED INVOICE								
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